United Nations A/RES/73/1

General Assembly

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Seventy-third session
Agenda item 66

Resolution adopted by the General Assembly on 24 September 2018

[*without reference to a Main Committee (A/73/L.1)*]

73/1. Political declaration adopted at the Nelson Mandela Peace Summit

The General Assembly

Adopts the following political declaration:

Political declaration adopted at the Nelson Mandela Peace Summit

1. We, Heads of State and Government and representatives of States and Governments, are meeting at United Nations Headquarters in New York on 24 September 2018, at the Nelson Mandela Peace Summit to reflect on global peace, in honour of the centenary of the birth of Nelson Mandela.

2. We salute his qualities of humility, forgiveness and compassion, his values and his dedication to the service of humanity, as a humanitarian, in the fields of conflict resolution, disarmament, race relations, the promotion and protection of human rights, reconciliation, gender equality, the rights of children and people in vulnerable situations, as well as the upliftment of poor and underdeveloped communities. We acknowledge his contribution to the struggle for democracy internationally and the promotion of a culture of peace throughout the world.

3. We commit to redouble our efforts to build a just, peaceful, prosperous, inclusive and fair world, and to revive the values for which Nelson Mandela stood by placing human dignity at the centre of our actions. We commit to demonstrating mutual respect, tolerance, understanding and reconciliation in our relations.

4. We recognize that the world has changed significantly since the founding of the United Nations, and acknowledge that global peace eludes us to this day. We, the leaders of the world today, more than ever assume a special responsibility for our words and actions in shaping a world free of fear and want. Conflict is born out of the minds of humanity, and we are the people who can find sustainable solutions to bring a lasting peace, today and for future generations. We recognize the importance of our

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addressing threats to global peace and security, including challenges to the primacy of multilateralism.

5. We reaffirm the purposes and principles of the Charter of the United Nations and the Universal Declaration of Human Rights[1] that serve as our common and universal vision. As we observe the seventieth anniversary of the Declaration, we recall its foundational principle that all human beings are born free and equal in dignity and rights, and are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

6. We also reaffirm our commitment to uphold the sovereign equality of all States, respect for their territorial integrity and political independence and the duty of Member States to refrain in their international relations from the threat or use of force in any manner inconsistent with the purposes and principles of the United Nations, and to uphold the resolution of disputes by peaceful means and in conformity with the principles of justice and international law, the right to self-determination of peoples which remain under colonial domination or foreign occupation, non-interference in the internal affairs of States, respect for human rights and fundamental freedoms, respect for the equal rights of all without distinction as to race, sex, language or religion, international cooperation in solving international problems of an economic, social, cultural or humanitarian character and the fulfilment in good faith of the obligations assumed in accordance with the Charter.

7. We recognize that peace and security, development and human rights are the pillars of the United Nations system and the foundations for collective security and well-being, and recognize that development, peace and security and human rights are interlinked and mutually reinforcing.

8. We reaffirm the 2030 Agenda for Sustainable Development[2] and recognize that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development. We remain committed to achieving sustainable development in its three dimensions – economic, social and environmental – in a balanced and integrated manner. Sustainable development cannot be realized without peace and security, and peace and security will be at risk without sustainable development. We reaffirm our pledge that no one will be left behind.

9. We recognize that respect for the inherent dignity and the equal and inalienable rights, as well as the fundamental freedoms, of all members of the human family is the foundation of inclusivity, justice and peace in the world. We declare that racism, racial discrimination, xenophobia and related intolerance represent the very opposite of the noble purposes of the United Nations. We recognize that tolerance of cultural, ethnic, racial and religious diversity is essential for lasting peace, understanding and friendship among peoples, nations, civilizations, cultures and individuals. We all constitute one human family. We therefore commit to not let our differences limit our common purpose and universal vision, to build on what unites us and to explore creative ways to bridge what divides us.

10. We resolve to move beyond words in the promotion of peaceful, just, inclusive and non-discriminatory societies, stressing the importance of the equal participation and full involvement of women and the meaningful participation of youth in all efforts for the maintenance and promotion of peace and security, and to redouble our efforts to ensure that women, youth and children are free from all forms of violence, fear, discrimination and abuse.

[1] Resolution 217 A (III).

[2] Resolution 70/1.

19. We emphasize the importance of a comprehensive approach to sustaining peace, in particular by preventing conflict and addressing its root causes, strengthening the rule of law at the international and national levels and promoting sustained and sustainable economic growth, poverty eradication, social development, sustainable development, national reconciliation and unity, including through inclusive dialogue and mediation, access to justice and transitional justice, accountability, good governance, democracy, accountable institutions, gender equality, and respect for, and protection of, human rights and fundamental freedoms. We reaffirm the importance of national ownership and leadership in peacebuilding, whereby the responsibility for sustaining peace is broadly shared by the Government and all other national stakeholders.

20. It is clear that lasting peace is not realized just by the absence of armed conflict, but is achieved through a continuing positive, dynamic, inclusive and participatory process of dialogue and engagement that resolves all outstanding issues in a spirit of mutual respect and understanding, cooperation and long-term vision. We recognize that, to prevent the recurrence of crises and ensure social cohesion, ownership and inclusiveness, ending impunity and ensuring accountability, including through international justice mechanisms, transitional justice and reconciliation, are key to post-conflict nation-building and development.

21. We recognize that peacebuilding and sustaining peace require significant post-conflict support for moving towards recovery, reconstruction and development. The cycle of conflict should not be allowed to continue, including through the unintended consequences of the premature withdrawal of support and international attention. Sustainable peace requires sustained attention, commitment and investment.

22. We welcome the example set by South Africa in unilaterally dismantling its nuclear-weapon programme and recall the firm plea made by Nelson Mandela in favour of the total elimination of nuclear weapons.

23. Our common humanity demands that we make the impossible possible. We seek the conversion of hearts and minds that can make a difference for future generations. We therefore:

(a) Recognize the period from 2019 to 2028 as the Nelson Mandela Decade of Peace and call upon all Member States to redouble their efforts to pursue international peace and security, development and human rights in the Decade;[3]

(b) Welcome the establishment of the High-level Advisory Board on Mediation and encourage its further efforts and contribution to the maintenance of international peace and security and the prevention of armed conflicts, including through the use of its good offices;

(c) Reaffirm the aims of the United Nations Nelson Rolihlahla Mandela Prize and the United Nations Prize in the Field of Human Rights, and encourage the President of the General Assembly and the Secretary-General to work together to raise awareness of these prizes in order to strengthen the recognition and celebration by the United Nations of its values, purposes and principles, which reflect the values for which Nelson Mandela stood;

(d) Recommend, in the spirit of Nelson Mandela's legacy and recognizing the intergenerational pledge of dignity and security which underpins the Charter, that the United Nations explore means to systematically consider the needs of present and

[3] Member States are encouraged to continue activities in support of the Nelson Mandela Decade of Peace through voluntary contributions.

future generations, including through intergenerational dialogue, in its decision-making processes.

24. As we rise from the General Assembly today, we collectively hold ourselves accountable to the values and principles of the present declaration, to strive for a just, peaceful, prosperous, democratic, fair, equitable and inclusive world. We call upon our people to celebrate the richness of our diversity and the collective creativity and wisdom of our elders, and the well-being and survival of Mother Earth, and call upon our youth, artists, sports personalities, musicians and poets to breathe new life into the values and principles of the United Nations.

4th plenary meeting
24 September 2018

United Nations A/RES/73/2

General Assembly

Distr.: General
17 October 2018

Seventy-third session
Agenda item 119

Resolution adopted by the General Assembly on 10 October 2018

[*without reference to a Main Committee (A/73/L.2)*]

73/2. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

The General Assembly

Adopts the following political declaration approved by the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases on 27 September 2018:

Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

Time to deliver: accelerating our response to address non-communicable diseases for the health and well-being of present and future generations

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 27 September 2018 to undertake a comprehensive review of the challenges and opportunities in the implementation of our existing commitments for the prevention and control of non-communicable diseases and the promotion of mental health, which constitute a major challenge for the health and well-being of our peoples and for sustainable development,

1. Strongly reaffirm our political commitment to accelerate the implementation of the 2011 political declaration and the 2014 outcome document of the previous high-level meetings of the General Assembly on the prevention and control of non-communicable diseases,[1] which continue to inspire our action and catalyse our

[1] Resolution 66/2, annex, and resolution 68/300.

efforts, and, in line with the 2030 Agenda for Sustainable Development,[2] reduce by one third premature mortality from non-communicable diseases by 2030 through prevention and treatment and promote mental health and well-being, by addressing their risk factors and the determinants of health;

2. Reaffirm General Assembly resolution 70/1 of 25 September 2015, entitled "Transforming our world: the 2030 Agenda for Sustainable Development", and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development;[3]

3. Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health and recognize that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development;

4. Recognize that action to realize the commitments made for the prevention and control of non-communicable diseases is inadequate and that the level of progress and investment to date is insufficient to meet target 3.4 of the Sustainable Development Goals and that the world has yet to fulfil its promise of implementing, at all levels, measures to reduce the risk of premature death and disability from non-communicable diseases;

5. Acknowledge the progress achieved by some countries in the implementation of their commitments made in 2011 and 2014 for the prevention and control of four major non-communicable diseases, namely, cardiovascular diseases, diabetes, cancer and chronic respiratory diseases, by reducing their main common risk factors, namely, tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity, and by addressing the underlying social, economic and environmental determinants of non-communicable diseases and the impact of economic, commercial and market factors, as well as by improving disease management to reduce morbidity, disability and mortality;

6. Recognize that many countries still face significant challenges in the implementation of their commitments, and remain deeply concerned that the burden of non-communicable diseases continues to rise disproportionately in developing countries and that every year 15 million people between the ages of 30 and 69 die from non-communicable diseases and that 86 per cent of these premature deaths occur in developing countries;

7. Express grave concern that the huge human and economic cost of non-communicable diseases contributes to poverty and inequities and threatens the health of peoples and the development of countries, costing developing countries over the next 15 years more than 7 trillion United States dollars;

8. Welcome the fact that the General Assembly proclaimed 2016–2025 as the United Nations Decade of Action on Nutrition and encourage its implementation;

9. Welcome the convening of the World Health Organization Global Conference on Non-communicable Diseases, hosted by the Governments of Finland, the Russian Federation and Uruguay and the World Health Organization, from 18 to 20 October 2017 in Montevideo, and its outcome document, entitled "Montevideo road map 2018–2030 on non-communicable diseases as a sustainable development priority", as a contribution to the preparatory process leading to the third high-level meeting and recall World Health Assembly resolution 71.2 of 26 May 2018;[4]

[2] Resolution 70/1.

[3] Resolution 69/313, annex.

[4] See World Health Organization, document WHA71/2018/REC/1.

10. Welcome the report of the World Health Organization Independent High-level Commission on Non-communicable Diseases entitled "Time to deliver", and take note of its recommendations;

11. Recognize that mental disorders and other mental health conditions, as well as neurological disorders, contribute to the global burden of non-communicable diseases and that people living with mental disorders and other mental health conditions may face stigma and discrimination, being more susceptible to having their human rights violated and abused, and also have an increased risk of other non-communicable diseases and therefore higher rates of morbidity and mortality, and that depression alone affects 300 million people globally and is the leading cause of disability worldwide;

12. Acknowledge the significant impact of non-communicable diseases on children, which is of major concern, in particular the rising levels of obesity among them, recognizing that children who are given the opportunity to grow and develop in a healthy environment that is responsive to their needs, including breastfeeding, and that, at a young age, fosters and encourages healthy behaviour and lifestyles, including healthy dietary choices and regular physical activity, and promotes the maintenance of healthy weight, can greatly reduce the risk of non-communicable diseases in adulthood;

13. Acknowledge the impact of non-communicable diseases on older persons, which is of particular concern, given the growing proportion of older persons and recognizing that they have an increased risk of multiple non-communicable diseases, which constitutes a major challenge for health systems;

14. Acknowledge that mainstreaming a gender perspective into the prevention and control of non-communicable diseases is crucial to understanding and addressing the health risks and needs of women and men of all ages, giving particular attention to the impact of non-communicable diseases on women in all settings;

15. Reaffirm the primary role and responsibility of governments at all levels in responding to the challenge of non-communicable diseases by developing adequate national multisectoral responses for their prevention and control, and promoting and protecting the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and underscore the importance of pursuing whole-of-government and whole-of-society approaches, as well as health-in-all-policies approaches, equity-based approaches and life-course approaches;

16. Acknowledge that other stakeholders also share responsibility and can contribute in creating an environment conducive to preventing and controlling non-communicable diseases, and recognize the need to bring together civil society and the private sector to mobilize all their available resources, as appropriate, for the implementation of national responses for the prevention and control of non-communicable diseases;

We therefore commit to scale up our efforts and further implement the following actions:

17. Strengthen our commitment, as Heads of State and Government, to provide strategic leadership for the prevention and control of non-communicable diseases by promoting greater policy coherence and coordination through whole-of-government and health-in-all-policies approaches and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated, bold whole-of-society action and response;

18. Scale up the implementation of the commitments made in 2011 and 2014 for the prevention and control of non-communicable diseases through ambitious multisectoral national responses and thereby contribute to the overall implementation

of the 2030 Agenda for Sustainable Development, including by integrating, across the life course, action on the prevention and control of non-communicable diseases and the promotion of mental health and well-being;

19. Implement, according to own-country-led prioritization, a set of cost-effective, affordable and evidence-based interventions and good practices, including those recommended by the World Health Organization, for the prevention and control of non-communicable diseases, that can be scaled up across populations to promote health, treat people with non-communicable diseases and protect those at risk of developing them, with a particular emphasis on the needs of those in vulnerable situations;

20. Scale up the implementation of the commitments made in 2011 and 2014 to reduce tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity, taking into account, as appropriate, World Health Organization-recommended interventions for the prevention and control of non-communicable diseases,[5] in line with national priorities and targets;

21. Promote and implement policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for non-communicable diseases, and promote healthy diets and lifestyles;

22. Accelerate the implementation of the World Health Organization Framework Convention on Tobacco Control[6] by its States parties, while continuing to implement tobacco control measures without any tobacco industry interference and to encourage other countries to consider becoming parties to the Convention;

23. Implement cost-effective and evidence-based interventions to halt the rise of overweight and obesity, in particular childhood obesity, taking into account World Health Organization recommendations and national priorities;

24. Develop, as appropriate, a national investment case on the prevention and control of non-communicable diseases to raise awareness about the national public health burden caused by non-communicable diseases, health inequities, the relationship between non-communicable diseases, poverty and social and economic development, the number of lives that could be saved and the return on investment;

25. Establish or strengthen national multi-stakeholder dialogue mechanisms, as appropriate, for the implementation of the national multisectoral action plans for the prevention and control of non-communicable diseases in order to attain the national targets;

26. Share information with global and regional partners on experiences, including successes and challenges related to the implementation of national policies and programmes to prevent and control non-communicable diseases and promote health, in order to further strengthen the global knowledge and expand the evidence base on best practices and lessons learned, including on traditional medicines, to promote informed action;

27. Invest in research, including in public health measures, on health promotion and disease prevention and the health sector's role therein, and in new treatment options for prevention and cost-effective therapies;

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[5] Such as the World Health Organization Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020, the comprehensive mental health action plan 2013–2020, the global strategy and action plan on ageing and health 2016–2020, the global action plan on physical activity 2018–2030, the Global Strategy on Diet, Physical Activity and Health and the Global Strategy to Reduce the Harmful Use of Alcohol, as well as the World Health Organization Framework Convention on Tobacco Control.

[6] United Nations, *Treaty Series*, vol. 2302, No. 41032.

28. Take the necessary measures to recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health across the life course, in respecting human rights obligations and addressing the specific health needs of children, women, older persons, persons with disabilities and others who are more vulnerable to non-communicable diseases;

29. Take measures to better prepare the health systems to respond to the needs of the rapidly ageing population, including the need for preventive, curative, palliative and specialized care for older persons, taking into account the disproportionate burden of non-communicable diseases on older persons, and that population ageing is a contributing factor in the rising incidence and prevalence of non-communicable diseases;

30. Scale up efforts to use information and communications technologies, including e-health and m-health and other innovative solutions, through, inter alia, the promotion of public-private partnership to accelerate ambitious action towards the prevention and control of non-communicable diseases;

31. Increase global awareness, action and international cooperation on environmental risk factors, to address the high number of premature deaths from non-communicable diseases attributed to human exposure to indoor and outdoor air pollution, underscoring the particular importance of cross-sectoral cooperation in addressing these public health risks;

32. Promote healthy communities by addressing the impact of environmental determinants on non-communicable diseases, including air, water and soil pollution, exposure to chemicals, climate change and extreme weather events, as well as the ways in which cities and human settlements are planned and developed, including sustainable transportation and urban safety, to promote physical activity, social integration and connectivity;

33. Encourage the adoption of holistic approaches to health and well-being through regular physical activity, including sports, recreation and yoga, to prevent and control non-communicable diseases and promote healthy lifestyles, including through physical education;

34. Empower the individual to make informed choices by providing an enabling environment, strengthening health literacy through education, and implementing population-wide and targeted mass and social media campaigns that educate the public about the harms of smoking and/or tobacco use and second-hand smoke, the harmful use of alcohol and the excessive intake of fats, in particular saturated fats and trans-fats, sugars and salt, promote the intake of fruits and vegetables, as well as healthy and balanced sustainable diets, and reduce sedentary behaviour;

35. Strengthen health systems and reorient them towards the achievement of universal health coverage and improvement of health outcomes, and high-quality, integrated and people-centred primary and specialized health services for the prevention, screening and control of non-communicable diseases and related mental health disorders and other mental health conditions throughout the life cycle, including access to safe, affordable, effective and quality essential diagnostics, medicines, vaccines and technologies, and palliative care, and understandable and high-quality, patient-friendly information on their use, as well as health management information systems and an adequate and well-trained and equipped health workforce;

36. Promote increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), as amended, and also reaffirming the 2001 Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property

rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and notes the need for appropriate incentives in the development of new health products;

37. Implement measures to improve mental health and well-being, including by developing comprehensive services and treatment for people living with mental disorders and other mental health conditions and integrating them into national responses for non-communicable diseases, and addressing their social determinants and other health needs, fully respecting their human rights;

38. Promote access to affordable diagnostics, screening, treatment and care, as well as vaccines that lower the risk of cancer, as part of the comprehensive approach to its prevention and control, including cervical and breast cancers;

39. Integrate, as appropriate, responses to non-communicable diseases and communicable diseases, such as HIV/AIDS and tuberculosis, especially in countries with the highest prevalence rates, taking into account their linkages;

40. Strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure to treat people living with non-communicable diseases and prevent and control their risk factors in humanitarian emergencies, including before, during and after natural disasters, with a particular focus on countries most vulnerable to the impact of climate change and extreme weather events;

41. Pursue all necessary efforts to mobilize the full, active and responsible engagement and participation of all relevant stakeholders for the prevention and control of non-communicable diseases;

42. Promote meaningful civil society engagement to encourage Governments to develop ambitious national multisectoral responses for the prevention and control of non-communicable diseases, and to contribute to their implementation, forge multi-stakeholder partnerships and alliances that mobilize and share knowledge, assess progress, provide services and amplify the voices of and raise awareness about people living with and affected by non-communicable diseases;

43. Engage with the private sector, taking into account national health priorities and objectives for its meaningful and effective contribution to the implementation of national responses to non-communicable diseases in order to reach Sustainable Development Goal target 3.4 on non-communicable diseases, while giving due regard to managing conflicts of interest;

44. Invite the private sector to strengthen its commitment and contribution to the implementation of national responses to prevent, control and treat non-communicable diseases to reach health and development objectives by:

(a) Promoting and creating safe and healthy working environments, by implementing occupational health measures, including by establishing tobacco-free workplaces, and through good corporate practices, workplace wellness programmes and health insurance plans, as appropriate;

(b) Encouraging economic operators in the area of alcohol production and trade, as appropriate, to contribute to reducing harmful use of alcohol in their core areas, taking into account national religious and cultural contexts;

(c) Taking concrete steps, where relevant, towards eliminating the marketing, advertising and sale of alcoholic products to minors;

(d) Further producing and promoting food products consistent with a healthy diet, making further efforts to reformulate them in order to provide healthy and

nutritious options, reducing the excessive use of salt, sugars and fats, in particular saturated fats and trans-fats, as well as providing appropriate content information of those nutrients, bearing in mind international guidelines on nutrition labelling;

(e) Committing to further reduce the exposure of children to and impact on them of the marketing of foods and beverages high in fats, in particular saturated fats and trans-fats, sugars or salt, consistent with national legislation, where applicable;

(f) Contributing to further improving access to and the affordability of safe, effective and quality medicines and technologies in the prevention and control of non-communicable diseases;

45. Establish or strengthen transparent national accountability mechanisms for the prevention and control of non-communicable diseases, taking into account government efforts in developing, implementing and monitoring national responses for addressing non-communicable diseases and existing global accountability mechanisms;

46. Commit to mobilize and allocate adequate, predictable and sustained resources for national responses to prevent and control non-communicable diseases and to promote mental health and well-being, through domestic, bilateral and multilateral channels, including international cooperation and official development assistance, and continue exploring voluntary innovative financing mechanisms and partnerships, including with the private sector, to advance action at all levels;

47. Call upon the World Health Organization to continue to exercise its leadership, as the directing and coordinating authority on international health, in order to contribute to Member States' efforts to prevent and control non-communicable diseases by continuing and strengthening its normative and standard-setting work and its capacity to develop and provide technical cooperation, assistance and policy advice to Member States, as well as to enhance its multi-stakeholder engagement and dialogue, including through the World Health Organization global coordination mechanism on the prevention and control of non-communicable diseases and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases;

48. Also call upon the World Health Organization to continue to promote and monitor enhanced global action to prevent and control non-communicable diseases by coordinating work with other United Nations agencies, development banks and other regional and international organizations, including by exploring new financing, implementation, monitoring and evaluation and/or accountability mechanisms;

49. To implement these actions, we commit to act in unity to create a just and prosperous world where all people can exercise their rights and have equal opportunities to live healthy lives in a world free of the avoidable burden of non-communicable diseases;

50. We request the Secretary-General, in consultation with Member States, and in collaboration with the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system, to submit to the General Assembly, by the end of 2024, for consideration by Member States, a report on the progress achieved in the implementation of the present political declaration, in preparation for a high-level meeting on a comprehensive review, in 2025, of the progress achieved in the prevention and control of non-communicable diseases and the promotion of mental health and well-being.

18th plenary meeting
10 October 2018

United Nations A/RES/73/3

General Assembly

Distr.: General
18 October 2018

Seventy-third session
Agenda item 129

Resolution adopted by the General Assembly on 10 October 2018

[*without reference to a Main Committee (A/73/L.4)*]

73/3. Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis

The General Assembly

Adopts the following political declaration approved by the high-level meeting of the General Assembly on the fight against tuberculosis on 26 September 2018:

Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis

United to end tuberculosis: an urgent global response to a global epidemic

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations in New York on 26 September 2018, with a dedicated focus for the first time on the global tuberculosis epidemic, reaffirm our commitment to ending the tuberculosis epidemic globally by 2030 in line with the Sustainable Development Goals target, commit to ending the epidemic in all countries, and pledge to provide leadership and to work together to accelerate our national and global collective actions, investments and innovations urgently to fight this preventable and treatable disease, affirming that tuberculosis, including its drug-resistant forms, is a critical challenge and the leading cause of death from infectious disease, the most common form of antimicrobial resistance globally and the leading cause of death of people living with HIV, and that poverty, gender inequality, vulnerability, discrimination and marginalization exacerbate the risks of contracting tuberculosis and its devastating impacts, including stigma and discrimination at all ages, such that the disease requires a comprehensive response, including towards achieving universal health coverage, and one that addresses the social and economic

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determinants of the epidemic and that protects and fulfils the human rights and dignity of all people, and we therefore:

1. Reaffirm the 2030 Agenda for Sustainable Development,[1] including the resolve to end the tuberculosis epidemic by 2030, and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development;[2]

2. Further reaffirm the 2016 political declaration of the high-level meeting of the General Assembly on antimicrobial resistance, as reflected in its resolution 71/3 of 5 October 2016, the 2016 political declaration on HIV and AIDS, adopted in its resolution 70/266 of 8 June 2016, the 2014 outcome document of the high-level meeting of the Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, adopted in its resolution 68/300 of 10 July 2014, and its resolution 72/139 of 12 December 2017, in which the Assembly decided to hold a high-level meeting on universal health coverage in 2019, and take note of World Health Assembly resolution 69.2 of 28 May 2016, entitled "Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health",[3] and Human Rights Council resolution 33/11 of 29 September 2016 on preventable mortality and morbidity of children under 5 years of age as a human rights concern,[4] and further reaffirm the World Health Organization End TB Strategy, as approved in World Health Assembly resolution 67.1 of 21 May 2014,[5] and its associated targets;

3. Acknowledge that the Millennium Development Goals[6] and associated strategies, plans and programmes for the prevention and care of tuberculosis helped to reverse the trend of the tuberculosis epidemic and, between 2000 and 2016, reduced tuberculosis mortality by 37 per cent, which saved 53 million lives, and that investment in care and the prevention of tuberculosis brings some of the largest gains in terms of lives saved and economic benefits from development investments;

4. Welcome the convening of the first World Health Organization Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response, held in Moscow on 16 and 17 November 2017, and take note with appreciation of its Moscow Declaration to End TB, with its commitments and calls for urgent action, notably on advancing the response to tuberculosis within the 2030 Agenda, ensuring sufficient and sustainable financing, pursuing science, research and innovation and developing a multisectoral accountability framework, which contributed to this meeting;

5. Recognize other recent high-level commitments and calls for action against tuberculosis, including its multidrug-resistant and zoonotic forms, made by global, regional and subregional bodies and meetings, including the Delhi End TB Summit, held from 12 to 17 March 2018;

6. Recognize that, while the World Health Organization declared tuberculosis a global emergency 25 years ago, it is still among the top 10 causes of death worldwide, and that it is a critical challenge in all regions and countries and disproportionately affects developing countries, where 99 per cent of tuberculosis-associated deaths occur, and furthermore recognize that the epidemic is exacerbated by the rise of multidrug-resistant tuberculosis and the heavy burden of tuberculosis,

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[1] Resolution 70/1.

[2] Resolution 69/313, annex.

[3] See World Health Organization, document WHA69/2016/REC/1.

[4] See *Official Records of the General Assembly, Seventy-first Session, Supplement No. 53A* and corrigendum (A/71/53/Add.1 and A/71/53/Add.1/Corr.1), chap. II.

[5] See World Health Organization, document WHA67/2014/REC/1.

[6] See resolution 55/2.

HIV and AIDS, and other co-morbidities such as diabetes, that one quarter of the world's people are infected with the bacterium that causes the disease, and that millions of people ill with tuberculosis are missing out on quality care each year, including on access to affordable diagnostic tests and treatment, especially in developing countries;

7. Express serious concern that, despite these commitments, tuberculosis remains a cause of an enormous burden of illness, suffering and death, and that stigma and discrimination because of the disease bring enormous costs for individuals affected by tuberculosis and their families, and acknowledge that an adequate multisectoral and intersectoral engagement in the fight against the disease is needed, and that the world needs to refocus efforts on actions and investments, including in research, needed to achieve the Sustainable Development Goals target of ending the tuberculosis epidemic by 2030;

8. Recognize that tuberculosis affects populations inequitably and contributes to the cycle of ill health and poverty, that malnutrition and inadequate living conditions contribute to the spread of tuberculosis and its impact upon the community, and that tuberculosis is fundamentally linked to a majority of the leading development challenges addressed by the 2030 Agenda;

9. Further recognize that tuberculosis is both preventable and curable, yet 40 per cent of people newly affected by tuberculosis are missed by public health reporting systems, and millions do not receive quality care each year, and that tuberculosis can only be eliminated through prevention efforts and access to quality diagnosis, treatment and care, including access to affordable diagnostic tools and drug treatment, effective people-centred and community-based models of care supported by integrated care services, as well as financing innovations, and additional investments in research and development and in the affordable delivery of tuberculosis programmes, especially in developing countries, and recognize that countries that are transitioning from donor to domestic funding face new challenges that may have a negative impact on earlier gains in the fight against tuberculosis;

10. Recognize that, even though tuberculosis is the leading global cause of death of people living with HIV, in 2016 less than half of the estimated number of cases of tuberculosis in people living with HIV were found and notified, and less than 60 per cent of known tuberculosis patients were tested for HIV, precluding treatment and resulting in preventable deaths;

11. Recognize that multidrug-resistant tuberculosis is estimated to account for one third of deaths due to antimicrobial resistance globally, and that many of the Sustainable Development Goals may not be attainable if we fail to address antimicrobial resistance, that the grave risks to individual and public health posed by multidrug-resistant tuberculosis are cause for alarm, that only 25 per cent of the estimated number of multidrug-resistant tuberculosis cases were diagnosed and notified in 2016, such that the vast majority of those in need still lack access to high-quality prevention, treatment and care services and that inadequate investment in tuberculosis case detection is a key obstacle to meeting tuberculosis treatment goals, and furthermore acknowledge that the response to multidrug-resistant and extensively drug-resistant tuberculosis to date has been insufficient, despite the introduction of new rapid diagnostic tests, efforts to scale up disease management and international financing, such as from the Global Fund to Fight AIDS, Tuberculosis and Malaria, including to help support drug supply, yet globally just over 50 per cent of patients enrolled in treatment for multidrug-resistant tuberculosis are successfully treated;

12. Acknowledge that multidrug-resistant tuberculosis is a key component of the global challenge of antimicrobial resistance, and express grave concern that the scope and scale of multidrug-resistant and extensively drug-resistant tuberculosis

illness and mortality place an additional burden on health and community systems, especially in low- and middle-income countries, and thereby pose a critical challenge that could reverse the progress made against the disease, against antimicrobial resistance and towards the Sustainable Development Goals, and that there is a profound gap in access to quality diagnosis, treatment and care for those affected, and there is still a low treatment success rate for those who are treated, and therefore acknowledge that it is necessary to ensure global collaboration, sustainable and sufficient political buy-in and financial investment from all sources, a strong public health response, including strong and resilient health systems, and additional investment in research, development and innovation, recognizing that innovation has the potential to benefit society at large;

13. Note with concern that the protection and promotion of the right to the enjoyment of the highest attainable standard of physical and mental health, as well as access for millions of people to tuberculosis health services and to quality, safe, efficacious and affordable tuberculosis diagnostics and treatment, remains challenging, especially in developing countries;

14. Recognize the profound socioeconomic challenges and financial hardships faced by people affected by tuberculosis, including in obtaining an early diagnosis, in being subject to extremely long treatment regimens, with drugs that could involve severe side effects, as well as in securing integrated support, including from the community, and therefore affirm that all these people require integrated, people-centred prevention, diagnosis, treatment, management of side effects, and care, as well as psychosocial, nutritional and socioeconomic support for successful treatment, including to reduce stigma and discrimination;

15. Recognize the role played by the Stop TB Partnership/Global Drug Facility, which has, since its creation in 2001, increased access to high-quality and affordable tuberculosis treatment and diagnostics for populations in need and is open as an option to be considered for use by all nations, and therefore encourage all nations to use the Stop TB Partnership/Global Drug Facility;

16. Recognize the potential of digital technologies to be used in a variety of ways for tuberculosis prevention, treatment and care, including to support health systems by improving the accessibility, quality and affordability of health services and to help with adherence, surveillance, logistics management and e-learning;

17. Recognize the enormous, often catastrophic, economic and social impacts and burden of tuberculosis for people affected by the disease, their households, and affected communities, and that the risk and impact of tuberculosis can vary depending on demographic, social, economic and environmental circumstances, and, in order to make the elimination of tuberculosis possible, prioritizing, as appropriate, notably through the involvement of communities and civil society and in a non-discriminatory manner, high-risk groups and other people who are vulnerable or in vulnerable situations, such as women and children, indigenous peoples, health-care workers, migrants, refugees, internally displaced people, people living in situations of complex emergencies, prisoners, people living with HIV, people who use drugs, in particular those who inject drugs, miners and others exposed to silica, the urban and rural poor, underserved populations, undernourished people, individuals who face food insecurity, ethnic minorities, people and communities at risk of exposure to bovine tuberculosis, people living with diabetes, people with mental and physical disabilities, people with alcohol use disorders and people who use tobacco, recognizing the higher prevalence of tuberculosis among men;

18. Recognize the various sociocultural barriers to tuberculosis prevention, diagnosis and treatment services, especially for those who are vulnerable or in

vulnerable situations, and the need to develop integrated, people-centred, community-based and gender-responsive health services based on human rights;

19. Commit to promoting access to affordable medicines, including generics, for scaling up access to affordable tuberculosis treatment, including the treatment of multidrug-resistant and extensively drug-resistant tuberculosis, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), as amended, and also reaffirming the 2001 World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and notes the need for appropriate incentives in the development of new health products;

20. Recall with concern that, until recently, no new medicines for tuberculosis treatment had been approved for over 40 years, and acknowledge that innovative approaches, including greater engagement between the public and private sectors, will be necessary to develop new vaccines, drugs and other health technologies to respond to the tuberculosis epidemic;

21. Recognize the lack of sufficient and sustainable financing for the tuberculosis response, including for the implementation of integrated, people-centred prevention, diagnosis, treatment and care of tuberculosis, including community-based health service delivery, and for tuberculosis research and innovation, including for the development and evaluation of better diagnostics, drugs, treatment regimens and vaccines, as well as other innovative care and prevention approaches, such as addressing social and economic factors of the disease;

22. Recognize that, to end the tuberculosis epidemic by 2030, reliable data on incidence, prevalence and mortality, where appropriate, disaggregated by income, sex, age and other characteristics relevant to national contexts, as well as the strengthening of national capacity for the use and analysis of such data, would be needed to ensure that collective knowledge is transformed into effective and timely action, and that progress at both the global and national levels needs to be reviewed regularly to ensure that we remain on target;

23. Take note with appreciation of the ongoing process of drafting a multisectoral accountability framework to accelerate progress to end tuberculosis, as agreed in World Health Assembly resolution 71.3 of 26 May 2018;[7]

24. Commit to providing diagnosis and treatment with the aim of successfully treating 40 million people with tuberculosis from 2018 to 2022, including 3.5 million children, and 1.5 million people with drug-resistant tuberculosis, including 115,000 children, bearing in mind varying degrees of the burden of tuberculosis among countries, and recognize the constrained health system capacity of low-income countries, and thereby aiming to achieve effective universal access to quality diagnosis, treatment, care, and adherence support, without suffering financial hardship, with a special focus on reaching those who are vulnerable and the marginalized populations and communities among the 4 million people each year who have been most likely to miss out on quality care;

25. Commit to preventing tuberculosis for those most at risk of falling ill through the rapid scaling up of access to testing for tuberculosis infection, according to the domestic situation, and the provision of preventive treatment, with a focus on high-burden countries, so that at least 30 million people, including 4 million children under 5 years of age, 20 million other household contacts of people affected by

[7] See World Health Organization, document WHA71/2018/REC/1.

tuberculosis, and 6 million people living with HIV, receive preventive treatment by 2022, and with the vision of reaching millions more, and further commit to the development of new vaccines and the provision of other tuberculosis prevention strategies, including infection prevention and control and tailored approaches, and to enacting measures to prevent tuberculosis transmission in workplaces, schools, transportation systems, incarceration systems and other congregate settings;

26. Commit to overcoming the global public health crisis of multidrug-resistant tuberculosis through actions for prevention, diagnosis, treatment and care, including compliance with stewardship programmes to address the development of drug resistance in line with General Assembly resolution 71/3 on antimicrobial resistance, improved national, regional and global pharmaco-vigilance, and improved treatment adherence for people with drug-sensitive tuberculosis; universal, equitable and affordable access to quality diagnosis, treatment, care and support for people with drug-resistant tuberculosis; global collaboration to ensure accelerated development of accessible and affordable diagnostic tools, and shorter and more effective oral regimens, including those that meet the unique needs of children; and through an urgent response to multidrug-resistant tuberculosis and the scale and severity of local and national epidemics of the disease;

27. Ensure that tuberculosis programmes actively contribute to developing national antimicrobial resistance strategies, capacities and plans and that lessons learned from global, regional and national efforts to combat drug-resistant tuberculosis inform the design and implementation of both global antimicrobial resistance strategies and national action plans according to national contexts;

28. Commit to address tuberculosis prevention, diagnosis, treatment and care in the context of child health and survival, as an important cause of preventable childhood illness and death, including among children with HIV and as a co-morbidity of other common childhood illnesses, especially pneumonia, meningitis and malnutrition; to enable child-friendly policies and an integrated, family-based approach to tuberculosis care and services, address the vulnerabilities faced by children affected by tuberculosis, support their caregivers, in particular women and the elderly, and provide related social protection; to promote equitable access to child-friendly formulations of medicines to optimize the prevention and treatment of drug-sensitive and drug-resistant tuberculosis among children, including through addressing national regulatory and policy barriers;

29. Given the strong association between the two diseases, and associated high mortality, commit to coordination and collaboration between tuberculosis and HIV programmes, as well as with other health programmes and sectors, to ensure universal access to integrated prevention, diagnosis, treatment and care services, in accordance with national legislation, including through promoting testing for HIV among people with tuberculosis and screening all people living with HIV regularly for tuberculosis, and providing tuberculosis preventive treatment, as well as to eliminate the burden faced by affected people, to leverage resources to maximize impact, and to address the common social, economic and structural determinants of tuberculosis, HIV, viral hepatitis, non-communicable diseases, in particular diabetes, and the complex biological factors that increase tuberculosis incidence and mortality, worsen treatment outcomes and increase drug resistance;

30. Commit to finding the missing people with tuberculosis, and integrating tuberculosis efforts more fully into all relevant health services to increase access to tuberculosis services, recognizing that reaching undetected and untreated men, as well as empowering women and girls through community health care and outreach, is a critical part of the solution, and to considering responses appropriate for men and women, boys and girls;

31. Commit to systematic screening, as appropriate, of relevant risk groups, as identified in World Health Organization guidance documents, for active and latent tuberculosis, to ensure early detection and prompt treatment in groups disproportionately affected by tuberculosis, such as people living with diabetes and people living with HIV, and to implementing primary prevention in high-risk occupations by reducing silica dust exposure in mining, construction and other dusty workplaces, and worker tuberculosis surveillance and infection prevention and control in health-care settings;

32. Commit to adapting and implementing rapidly the End TB Strategy to ensure that current guidance from the World Health Organization and other relevant international entities, relevant to the tuberculosis response in each country, is rapidly adapted and implemented and scaled up, where necessary, in taking forward the commitment to quality prevention, diagnosis, treatment and care of tuberculosis;

33. Commit to developing community-based health services through approaches that protect and promote equity, ethics, gender equality and human rights in addressing tuberculosis by focusing on prevention, diagnosis, treatment and care, including socioeconomic and psychosocial support, based on individual needs, that reduce stigma, and integrated care for related health conditions, such as HIV and AIDS, undernutrition, mental health, non-communicable diseases including diabetes and chronic lung disease, and tobacco use, harmful use of alcohol and other substance abuse, including drug injection, with access to existing and new tools;

34. Commit to related improvements in policies and systems on each country's path towards achieving and sustaining universal health coverage, such that all people with tuberculosis or at risk of developing tuberculosis receive the quality, accessible and affordable prevention, diagnosis, treatment and care services they need without suffering financial hardship, with stewardship of antimicrobials and prevention and infection control, within public and community, including faith-based, organizations, and private sector services;

35. Given the global nature of the tuberculosis epidemic and the critical public health challenge of multidrug-resistant tuberculosis, commit to strengthening public health systems as an essential pillar of the tuberculosis response, including health workforce capacity-building for public and private sector care, as well as community-based care services, and related robust multisectoral partnership frameworks in countries where the non-public sector is the leading tuberculosis care provider, laboratory networks, infection prevention and control, medicines procurement, distribution and regulatory capacity and access to diagnostic technologies for drug resistance; cross-border collaboration; and robust health information systems comprising integrated case-based electronic surveillance, reliable data, including at the national and subnational levels, with disaggregation by age, sex, disability and other characteristics relevant to national contexts, for monitoring the level of and trends in the epidemic, treatment outcome monitoring, and improvements in national vital registration systems;

36. Commit to considering, as appropriate, how digital technologies could be integrated into existing health system infrastructures and regulation for effective tuberculosis prevention, treatment and care, reinforcing national and global health priorities by optimizing existing platforms and services, for the promotion of people-centred health and disease prevention and in order to reduce the burden on health systems;

37. Commit to protect and promote the right to the enjoyment of the highest attainable standard of physical and mental health, in order to advance towards universal access to quality, affordable and equitable prevention, diagnosis, treatment, care and education related to tuberculosis and multidrug-resistant tuberculosis and

support for those who become disabled due to tuberculosis, integrated within health systems towards achieving universal health coverage and removing barriers to care; to address the economic and social determinants of the disease; and to promote and support an end to stigma and all forms of discrimination, including by removing discriminatory laws, policies and programmes against people with tuberculosis, and through the protection and promotion of human rights and dignity, as well as policies and practices which improve outreach, education and care;

38. Commit to providing special attention to the poor, those who are vulnerable, including infants, young children and adolescents, as well as elderly people and communities especially at risk of and affected by tuberculosis, in accordance with the principle of social inclusion, especially through ensuring strong and meaningful engagement of civil society and affected communities in the planning, implementation, monitoring and evaluation of the tuberculosis response, within and beyond the health sector; we further acknowledge the link between incarceration and tuberculosis and therefore reaffirm the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) as defined in General Assembly resolution 70/175 of 17 December 2015;

39. Commit to enable and pursue multisectoral collaboration at the global, regional, national and local levels, across health and nutrition, finance, labour, social protection, education, science and technology, justice, agriculture, the environment, housing, trade, development and other sectors, in order to ensure that all relevant stakeholders pursue actions to end tuberculosis and leave no one behind;

40. Strengthen support and capacity-building in low-income countries and lower-middle-income countries, many of which have high rates of tuberculosis combined with health and social protection systems that have limited resources, including to support implementing multisectoral approaches in their response to the tuberculosis epidemic;

41. Commit to foster cooperation between public and private sector entities in furthering the development of newly approved medicines for multidrug-resistant and extensively drug-resistant tuberculosis and for additional new drugs in the future, as part of Member States' efforts to contribute appropriately to research and development;

42. Commit to advancing research for basic science, public health research and the development of innovative products and approaches, which may include evidence-based, regulated medicines, including traditional medicines as adjuvant therapies, including in cooperation with the private sector and academia, without which ending the tuberculosis epidemic will be impossible, including towards delivering, as soon as possible, new, safe, effective, equitable, affordable, available vaccines, point-of-care and child-friendly diagnostics, drug susceptibility tests and safer and more effective drugs and shorter treatment regimens for adults, adolescents and children for all forms of tuberculosis and infection, as well as innovation to strengthen health systems such as information and communication tools and delivery systems for new and existing technologies, to enable integrated people-centred prevention, diagnosis, treatment and care of tuberculosis;

43. Commit to create an environment conducive to research and development of new tools for tuberculosis, and to enable timely and effective innovation and affordable and available access to existing and new tools and delivery strategies and promote their proper use, by promoting competition and collaboration, removing barriers to innovation, and working towards improving regulatory processes and capabilities;

44. Further commit to advancing that new research and innovation environment through global collaboration, including through existing World Health Organization mechanisms and initiatives; strengthening research capacity and collaboration through improving tuberculosis research platforms and networks across the public and private sectors, noting such platforms and networks as the Brazil, Russian Federation, India, China and South Africa (BRICS) Tuberculosis Research Network and the Life Prize; in basic science, clinical research and development, including pre-clinical and clinical trials, as well as operational, qualitative and applied research, to advance effective tuberculosis prevention, diagnosis, treatment, and care and actions on the economic and social determinants and impacts of the disease;

45. Promote tuberculosis research and development efforts aiming to be needs-driven, evidence-based and guided by the principles of affordability, effectiveness, efficiency and equity and which should be considered as a shared responsibility. In this regard, we encourage the development of new product development partnership models and, for multidrug-resistant tuberculosis, continue to support existing voluntary initiatives and incentive mechanisms that separate the cost of investment in research and development from the price and volume of sales, to facilitate equitable and affordable access to new tools and other results to be gained through research and development, and we acknowledge the need to establish additional incentives for the research and development of new products to treat multidrug-resistant tuberculosis and to encourage stewardship, conservation, and global access to such products in addition to rewarding innovation, welcome innovation and research and development models that deliver effective, safe and equitable solutions to the challenges presented by tuberculosis, including those that promote investment by all relevant stakeholders, including Governments, industry, non-governmental organizations and academics, and continue to support existing voluntary initiatives and incentive mechanisms that avoid reliance on high price or high sales combinations and explore ways to support innovation models that address the unique set of challenges presented by tuberculosis, including the importance of the optimal use of medicines and diagnostic tools, while promoting access to affordable medicines and other health technologies;

46. Commit to mobilize sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment and care of tuberculosis, from all sources, with the aim of increasing overall global investments for ending tuberculosis and reaching at least 13 billion United States dollars a year by 2022, as estimated by the Stop TB Partnership and the World Health Organization, according to each country's capacity and strengthened solidarity, including through contributions to the World Health Organization as well as voluntary mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, including its replenishment, which provides 65 per cent of all international financing for tuberculosis; and to align within overall national health financing strategies, including by helping developing countries to raise domestic revenues and providing financial support bilaterally, at regional and global levels, towards achieving universal health coverage and social protection strategies, in the lead-up to 2030;

47. Commit to mobilize sufficient and sustainable financing, with the aim of increasing overall global investments to 2 billion dollars, in order to close the estimated 1.3 billion dollar gap in funding annually for tuberculosis research, ensuring that all countries contribute appropriately to research and development, to support quality research and development of new and the effective implementation of recently approved health technologies, and to strengthen the academic, scientific, public health and laboratory capacity needed to support research and development for

prevention, diagnosis, treatment and care, inter alia through the engagement of national, international and innovative financing mechanisms;

48. Commit to develop or strengthen, as appropriate, national tuberculosis strategic plans to include all necessary measures to deliver the commitments in the present political declaration, including through national multisectoral mechanisms to monitor and review progress achieved towards ending the tuberculosis epidemic, with high-level leadership, preferably under the direction of the Head of State or Government, and with the active involvement of civil society and affected communities, as well as parliamentarians, local governments, academia, private sector and other stakeholders within and beyond the health sector, and promote tuberculosis as part of national strategic planning and budgeting for health, recognizing existing legislative frameworks and constitutional arrangements, so as to ensure that each Member State is on track to achieve the Sustainable Development Goals target to end the tuberculosis epidemic;

49. Request the Director General of the World Health Organization to continue to develop the multisectoral accountability framework in line with World Health Assembly resolution 71.3 and ensure its timely implementation no later than 2019;

50. Commit to establishing and promoting regional efforts and collaboration to set ambitious targets, generate resources, and use existing regional intergovernmental institutions to review progress, share lessons and strengthen collective capacity to end tuberculosis;

51. Recognize the need to strengthen linkages between tuberculosis elimination and relevant Sustainable Development Goals targets, including towards achieving universal health coverage, through existing Sustainable Development Goals review processes, including the high-level political forum on sustainable development;

52. Request the Secretary-General, in close collaboration with the Director General of the World Health Organization, to promote collaboration among all stakeholders to end the tuberculosis epidemic and implement the present declaration, with Member States and relevant entities, including funds, programmes and specialized agencies of the United Nations system, United Nations regional commissions, the Stop TB Partnership, hosted by the United Nations Office for Project Services, UNITAID, hosted by the World Health Organization, and the Global Fund to Fight AIDS, Tuberculosis and Malaria;

53. Also request the Secretary-General, with the support of the World Health Organization, to provide a progress report in 2020 on global and national progress, across sectors, in accelerating efforts to achieve agreed tuberculosis goals within the context of achieving the 2030 Agenda for Sustainable Development, including on the progress and implementation of the present declaration towards agreed tuberculosis goals at the national, regional and global levels, which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting in 2023.

18th plenary meeting
10 October 2018

United Nations A/RES/73/4

General Assembly

Distr.: General
15 October 2018

Seventy-third session
Agenda item 140

Resolution adopted by the General Assembly on 12 October 2018

[*on the report of the Fifth Committee (A/73/421)*]

73/4. Scale of assessments for the apportionment of the expenses of the United Nations: requests under Article 19 of the Charter

The General Assembly,

Having considered chapter V of the report of the Committee on Contributions on its seventy-eighth session[1] and the letter dated 26 September 2018 from the Secretary-General addressed to the President of the General Assembly,[2]

Reaffirming the obligation of Member States under Article 17 of the Charter of the United Nations to bear the expenses of the Organization as apportioned by the General Assembly,

1. *Reaffirms* its role in accordance with the provisions of Article 19 of the Charter of the United Nations and the advisory role of the Committee on Contributions in accordance with rule 160 of the rules of procedure of the General Assembly;

2. *Also reaffirms* its resolution 54/237 C of 23 December 1999;

3. *Requests* the Secretary-General to continue to bring to the attention of Member States the deadline specified in resolution 54/237 C, including through an early announcement in the *Journal of the United Nations* and through direct communication;

4. *Urges* all Member States requesting exemption under Article 19 of the Charter to submit as much information as possible in support of their requests and to consider submitting such information in advance of the deadline specified in resolution 54/237 C so as to enable the collation of any additional detailed information that may be necessary;

[1] *Official Records of the General Assembly, Seventy-third Session, Supplement No. 11* (A/73/11).
[2] A/73/367/Add.1.

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5. *Agrees* that the failure of the Comoros, Sao Tome and Principe and Somalia to pay the full minimum amount necessary to avoid the application of Article 19 of the Charter was due to conditions beyond their control;

6. *Decides* that the Comoros, Sao Tome and Principe and Somalia shall be permitted to vote in the General Assembly until the end of its seventy-third session.

19th plenary meeting
12 October 2018

United Nations A/RES/73/5

General Assembly

Distr.: General
17 October 2018

Seventy-third session
Agenda item 125

Resolution adopted by the General Assembly on 16 October 2018

[*without reference to a Main Committee (A/73/L.5)*]

73/5. Chair of the Group of 77 for 2019

The General Assembly,

Bearing in mind the role and authority of the General Assembly as a principal organ of the United Nations and the importance of its effectiveness and efficiency in fulfilling its functions under the Charter of the United Nations,

Recalling its resolution 67/19 of 29 November 2012 on the status of the State of Palestine in the United Nations,

Noting that the State of Palestine is a party to many instruments concluded under the auspices of the United Nations and has joined several specialized agencies and bodies of the United Nations as a full member,

Aware that the State of Palestine is a full member of the League of Arab States, the Movement of Non-Aligned Countries, the Organization of Islamic Cooperation, the Group of Asia-Pacific States and the Group of 77,

Acknowledging that it is for each group to define the modalities of its representation and leadership,

Taking note of the decision by the forty-second annual meeting of the Ministers for Foreign Affairs of the States members of the Group of 77 of 27 September 2018 to elect the State of Palestine to chair the Group of 77 for the year 2019,

1. *Decides* to adopt the modalities set out in the annex to the present resolution for the participation of the State of Palestine in the sessions and work of the General Assembly and the international conferences convened under the auspices of the Assembly or other organs of the United Nations, as well as in United Nations conferences, for the duration of the chairmanship by the State of Palestine of the Group of 77;

2. *Requests* the Economic and Social Council, insofar as the rights concerned could be exercised by a Chair of the Group of 77 not a member of the Council, and other relevant organs, specialized agencies, organizations and entities within the

United Nations system to apply the above-mentioned modalities for the duration of the chairmanship by the State of Palestine of the Group of 77;

3. *Invites* the Secretariat to continue to facilitate the work of the Group of 77 and its Chair, in line with the established practice;

4. *Requests* the Secretary-General to take the measures necessary to implement the modalities set out in the annex to the present resolution.

20th plenary meeting
16 October 2018

Annex

The additional rights and privileges of participation of the State of Palestine for 2019 shall be given effect through the following modalities, without prejudice to its existing rights and privileges:

(a) The right to make statements on behalf of the Group of 77 and China, including among representatives of major groups;

(b) The right to submit proposals and amendments and introduce them on behalf of the Group of 77 and China;

(c) The right to co-sponsor proposals and amendments;

(d) The right to make explanations of vote on behalf of the States Members of the United Nations that are members of the Group of 77 and China;

(e) The right of reply regarding positions of the Group of 77 and China;

(f) The right to raise procedural motions, including points of order and requests to put proposals to the vote, on behalf of the Group of 77 and China.

United Nations A/RES/73/6

General Assembly

Distr.: General
31 October 2018

Seventy-third session
Agenda item 30

Resolution adopted by the General Assembly on 26 October 2018

[without reference to a Main Committee (A/73/L.6 and A/73/L.6/Add.1)]

73/6. Fiftieth anniversary of the first United Nations Conference on the Exploration and Peaceful Uses of Outer Space: space as a driver of sustainable development

The General Assembly,

Recalling its resolutions 2453 A (XXIII) of 20 December 1968, 37/90 of 10 December 1982, 54/68 of 6 December 1999, 59/2 of 20 October 2004 and 72/79 of 7 December 2017,

Recognizing that the fiftieth anniversary of the first United Nations Conference on the Exploration and Peaceful Uses of Outer Space (UNISPACE+50) offers a unique opportunity for Member States to reflect on more than 50 years of achievement in space exploration and use and to chart the future contribution of the Committee on the Peaceful Uses of Outer Space to the global governance of outer space activities,[1] at a time when more participants, representing both governmental agencies and non-governmental entities, including industry and the private sector, are increasingly becoming involved in ventures to explore and use space and carry out space activities,

Convinced that UNISPACE+50 also offers a unique opportunity for Member States to look towards the future by strengthening the roles and activities of the Committee on the Peaceful Uses of Outer Space, its Scientific and Technical Subcommittee and its Legal Subcommittee and the Office for Outer Space Affairs of the Secretariat as unique platforms for international cooperation in the peaceful uses of outer space, in the fulfilment of their respective mandates,

Emphasizing that, for the past 50 years, the Committee on the Peaceful Uses of Outer Space and its subcommittees, supported by the Office for Outer Space Affairs, have provided unique platforms to promote international cooperation in space activities at all levels, to foster dialogue among spacefaring and emerging space nations, to increase capacity-building efforts for developing countries and to continue

[1] See A/AC.105/1137.

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to shape the global governance of outer space activities to benefit people and the planet,

Convinced that the fulfilment of the 2030 Agenda for Sustainable Development,[2] of the Sendai Framework for Disaster Risk Reduction 2015–2030[3] and of the commitments by States parties to the Paris Agreement[4] requires stronger coordination and support at all international levels, including through improved access to space-based data, applications and space infrastructure,

Noting with satisfaction the activities carried out under, and the valuable support provided to Member States by, the United Nations Platform for Space-based Information for Disaster Management and Emergency Response (UN-SPIDER), and acknowledging the valuable contributions of its network of regional support offices, while recognizing the need to enhance the Platform in order to ensure that it can fully deliver solutions and services under its established mandate and respond appropriately to the needs of developing countries,

Recognizing the importance of capacity-building, education and training provided by the regional centres for space science and technology education, affiliated to the United Nations, in particular for developing countries, and the need to enhance them to improve their overall capacity,

Recognizing also the important role of initiatives undertaken at the national, regional, interregional and broader international levels, including initiatives under the auspices of the Committee on the Peaceful Uses of Outer Space and the Office for Outer Space Affairs, in fostering international cooperation in the exploration and peaceful uses of outer space for the continuous growth and diversification of space activities,

Recognizing further that space science and technology and their applications have and will continue to have a significant role in achieving the comprehensive 2030 Agenda for Sustainable Development and the Sustainable Development Goals and targets contained therein, which are of critical importance for humankind and the planet,

Emphasizing the need to build stronger partnerships and international cooperation and coordination in the exploration and peaceful uses of outer space at all levels and among the participants representing the space community, in order to enhance the contribution of space activities for the realization of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals and targets contained therein,

Reiterating that all countries, irrespective of their degree of economic or scientific development, are participants in, contributors to and beneficiaries of the exploration and peaceful uses of outer space,

Stressing the need to ensure the long-term sustainability of outer space activities and, in particular, the need to address the significant challenge posed by space debris, and convinced of the need to strengthen, through the Committee on the Peaceful Uses of Outer Space, international cooperation to achieve those goals and contribute to realizing a shared vision for the future in the exploration and use of outer space for peaceful purposes and for the benefit and in the interest of all humankind,

Convinced that ensuring that outer space remains an operationally stable and safe environment suitable for use by current and future generations would be

[2] Resolution 70/1.

[3] Resolution 69/283, annex II.

[4] See FCCC/CP/2015/10/Add.1, decision 1/CP.21, annex.

consistent with the long-standing principles contained in the Treaty on Principles Governing the Activities of States in the Exploration and Use of Outer Space, including the Moon and Other Celestial Bodies,[5]

Seriously concerned about the possibility of an arms race in outer space, and bearing in mind the importance of article IV of the Treaty,

Recognizing that all Member States, in particular those with major space capabilities, should contribute actively to the prevention of an arms race in outer space, with a view to promoting and strengthening international cooperation in the exploration and use of outer space for peaceful purposes,

Mindful of the need to promote access to the scientific, technological, economic, social, environmental and cultural benefits of space activities through international cooperation, and reaffirming that outer space shall be free for exploration and use by all States without any discrimination of any kind, on the basis of equality and in accordance with international law,

Reaffirming, in that regard, General Assembly resolution 51/122 of 13 December 1996, entitled "Declaration on International Cooperation in the Exploration and Use of Outer Space for the Benefit and in the Interest of All States, Taking into Particular Account the Needs of Developing Countries", and the need to promote the fullest implementation thereof,

Mindful of the importance of increasing knowledge of outer space, including through enhanced access to astronomy and space science data for the benefit of humankind,

Convinced of the need for the Committee on the Peaceful Uses of Outer Space and its subcommittees to continue to address issues arising from commercial activities in outer space and consider how those activities might support the achievement of the Sustainable Development Goals,

Acknowledging that significant changes have occurred in the structure and content of space activities, as reflected in the emergence of new technologies and the increasing number of participants in such activities, and in this regard recognizing the benefit of strengthening the global governance of outer space activities,

Reiterating, in that regard, the role of the Treaty as the cornerstone of the international legal regime governing outer space activities, reiterating also that the Treaty manifests the fundamental principles of international space law, and convinced that the Treaty will continue to provide an indispensable framework for the conduct of outer space activities,

Noting with satisfaction that the Committee on the Peaceful Uses of Outer Space, in preparation for UNISPACE+50, has analysed the impact of the three United Nations Conferences on the Exploration and Peaceful Uses of Outer Space, held in 1968, 1982 and 1999, as well as the review undertaken in 2004, and has assessed its past, present and future roles, as well as those of its subcommittees and the Office for Outer Space Affairs, and noting with satisfaction also that that assessment provided the basis for the selection of the seven thematic priorities of UNISPACE+50,1

Noting with appreciation the outstanding work of the Committee on the Peaceful Uses of Outer Space and its subcommittees and the Office for Outer Space Affairs to develop the seven thematic priorities and the objectives, mechanisms and background documents related to UNISPACE+50, [6] which provide a perspective for the

[5] United Nations, *Treaty Series*, vol. 610, No. 8843.

[6] Related documents include A/AC.105/1129, A/AC.105/1131, A/AC.105/1160, A/AC.105/1161, A/AC.105/1162, A/AC.105/1163, A/AC.105/1164, A/AC.105/1165, A/AC.105/1166,

preparation of a "Space2030" agenda, as well as the work carried out within the framework of the four identified pillars, namely space economy, space society, space accessibility and space diplomacy,

Emphasizing that the seven thematic priorities of UNISPACE+50 represent a comprehensive approach to addressing key areas that together determine core objectives for the future work of the Committee on the Peaceful Uses of Outer Space and its subcommittees and the Office for Outer Space Affairs in the areas of global partnership in space exploration and innovation, current and future perspectives of the legal regime of outer space and global governance, enhanced information exchange on space objects and events, an international framework for space weather services, strengthened space cooperation for global health, international cooperation towards low-emission and resilient societies, and capacity-building for the twenty-first century,

Welcoming the UNISPACE+50 high-level segment, held in Vienna on 20 and 21 June 2018 to commemorate the fiftieth anniversary of the first United Nations Conference on the Exploration and Peaceful Uses of Outer Space, which marked a significant step towards charting the future contribution of the Committee on the Peaceful Uses of Outer Space to the global governance of outer space activities, including a "Space2030" agenda and implementation plan as part of the ongoing development of a comprehensive strategy, based on the UNISPACE+50 preparatory process, for strengthening the contribution of space activities and space tools to the achievement of the global agendas addressing long-term sustainable development concerns of humankind,

1. *Notes with appreciation* that the preparatory process and the high-level segment of UNISPACE+50 resulted in documents aimed at articulating a comprehensive, inclusive and strategically oriented vision on strengthening international cooperation in the exploration and peaceful uses of outer space, in which space is seen as a major driver of and contributor to the achievement of the Sustainable Development Goals[2] for the benefit of all countries;

2. *Invites* the Committee on the Peaceful Uses of Outer Space to continue to develop, on the basis of the results of the UNISPACE+50 process, a "Space2030" agenda and implementation plan and to provide the General Assembly with the outcome of its work for consideration by the Assembly at its seventy-fifth session;

3. *Acknowledges* the importance of global partnership and strengthened cooperation among Member States, intergovernmental and non-governmental organizations, industry and private sector entities in fulfilling the "Space2030" agenda and its implementation plan;

4. *Encourages* all Member States to continue to promote and actively contribute to strengthening international cooperation in the peaceful uses of outer space and the global governance of outer space activities, addressing challenges to humanity and sustainable development, ensuring the long-term sustainability of outer space activities and facilitating the realization of the 2030 Agenda for Sustainable Development,[2] taking into account the particular needs of developing countries;

5. *Encourages* Member States to actively conduct bilateral, multilateral, regional and broader international space cooperation in various forms, including capacity-building, information- and infrastructure-sharing and the development of joint projects and, when appropriate, to integrate space cooperation with economic and development cooperation, in order to promote increased participation in space

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A/AC.105/1168, A/AC.105/1169, A/AC.105/1170, A/AC.105/1171, A/AC.105/1172, A/AC.105/1173, A/AC.105/1174, A/AC.105/1175, A/AC.105/1180 and A/AC.105/1181.

activities for emerging spacefaring nations and to assist countries in the achievement of the Sustainable Development Goals;

6. *Emphasizes* the need to promote international cooperation and take further coordinated action to ensure that space science and technology and their applications serve the goals of sustainable development and the betterment of humankind;

7. *Reaffirms* the unique role of the Committee on the Peaceful Uses of Outer Space and its subcommittees, supported by the Office for Outer Space Affairs of the Secretariat, as unique platforms for international cooperation in the exploration and uses of outer space for peaceful purposes, for the global governance of outer space activities, for developing international space law, for fostering dialogue among spacefaring and emerging space nations and for promoting the increased involvement of all countries in space activities, including through capacity-building initiatives;

8. *Emphasizes* the need for the Committee on the Peaceful Uses of Outer Space to consider strengthening its role and activities, and those of its subcommittees, as supported by the Office for Outer Space Affairs, with a view to aligning them with the evolving needs identified by the Committee, taking into account, in particular, the "Space2030" agenda and its implementation plan, once agreed;

9. *Expresses its conviction* that the Committee on the Peaceful Uses of Outer Space, its subcommittees and the Office for Outer Space Affairs should continue to coordinate efforts to strengthen the implementation of the United Nations treaties and principles on outer space as a means of promoting the universality thereof;

10. *Encourages* States Members of the United Nations that have not done so to consider becoming members of the Committee on the Peaceful Uses of Outer Space;

11. *Encourages* the Committee on the Peaceful Uses of Outer Space and the Office for Outer Space Affairs to continue to fulfil their respective mandates and to cooperate and coordinate with other relevant entities within the United Nations system, and invites the Committee to explore ways to optimize cooperation and coordination, as appropriate, with other international organizations on space-related activities;

12. *Emphasizes* the need to strengthen the coordination and interrelationship between the Committee on the Peaceful Uses of Outer Space and its subcommittees, assisted by the Office for Outer Space Affairs, in addressing their respective agenda items in a comprehensive, cross-cutting manner, combining scientific, technical, legal and policy dimensions, so as to, inter alia, foster the use of space as a driver of global sustainable development towards 2030 and beyond;

13. *Urges* the Secretary-General to consider the sufficiency of resources provided to the Office for Outer Space Affairs in its role as secretariat to the Committee on the Peaceful Uses of Outer Space and its subcommittees and to ensure that the Office can fully and effectively implement its mandate, including capacity-building activities for Member States in the field of space science and technology and their applications, as well as in space law and policy, taking into account the development of a "Space2030" agenda;

14. *Invites* Member States and other donors to provide voluntary extrabudgetary resources for these purposes, in accordance with the rules and procedures of the United Nations.

26th plenary meeting
26 October 2018

United Nations A/RES/73/7

General Assembly

Distr.: General
31 October 2018

Seventy-third session
Agenda item 77

Resolution adopted by the General Assembly on 29 October 2018

[*without reference to a Main Committee (A/73/L.8 and A/73/L.8/Add.1)*]

73/7. Report of the International Criminal Court

The General Assembly,

Recalling its resolution 72/3 of 30 October 2017 and all its previous relevant resolutions,

Recalling also that the Rome Statute of the International Criminal Court[1] reaffirms the purposes and principles of the Charter of the United Nations,

Recognizing the International Criminal Court as an independent permanent judicial institution and, in this regard, that the United Nations and the Court respect each other's status and mandate,

Reiterating the historic significance of the adoption of the Rome Statute,

Emphasizing that justice, especially transitional justice in conflict and post-conflict societies, is a fundamental building block of sustainable peace,

Convinced that ending impunity is essential for coming to terms with any past crimes committed and preventing such crimes in the future,

Acknowledging the fact that the International Criminal Court has achieved considerable progress in its investigations and judicial proceedings in various situations and cases which were referred to it by States parties to the Rome Statute and by the Security Council, and which the Prosecutor of the Court has initiated *proprio motu*, in accordance with the Rome Statute,

Recalling that effective and comprehensive cooperation and assistance in all aspects of its mandate by States, the United Nations and other international and regional organizations remain essential for the International Criminal Court to carry out its activities,

[1] United Nations, *Treaty Series*, vol. 2187, No. 38544.

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Expressing its appreciation to the Secretary-General for providing effective and efficient assistance to the International Criminal Court in accordance with the Relationship Agreement between the United Nations and the International Criminal Court,[2]

Acknowledging the Relationship Agreement as approved by the General Assembly in its resolution 58/318 of 13 September 2004, including paragraph 3 of the resolution, with respect to the payment in full of expenses accruing to the United Nations as a result of the implementation of the Relationship Agreement,[3] which provides a framework for continued cooperation between the International Criminal Court and the United Nations, which enables, inter alia, facilitation by the United Nations of the Court's field activities, and encouraging the conclusion of supplementary arrangements and agreements, as necessary,

Noting the need for funding of expenses related to investigations or prosecutions of the International Criminal Court, including in connection with situations referred to the Court by the Security Council,

Welcoming the continuous support given by civil society to the International Criminal Court,

Stressing the importance that the Rome Statute accords to the rights and needs of victims, in particular their right to participate in judicial proceedings and to claim reparations, and emphasizing the importance of informing and involving victims and affected communities in order to give effect to the mandate of the International Criminal Court towards victims,

1. *Welcomes* the report of the International Criminal Court for 2017/18;[4]

2. *Also welcomes* the States that have become parties to the Rome Statute of the International Criminal Court,[1] and calls upon all States in all regions of the world that are not yet parties to the Rome Statute to consider ratifying, accepting, approving or acceding to it without delay;

3. *Further welcomes* the States parties as well as States not parties to the Rome Statute that are parties to the Agreement on the Privileges and Immunities of the International Criminal Court,[5] and calls upon all States that have not yet done so to consider becoming parties to that Agreement;

4. *Notes* the recent ratifications and acceptances of the amendments adopted at the Review Conference of the Rome Statute of the International Criminal Court, held in Kampala from 31 May to 11 June 2010;

5. *Underlines*, bearing in mind that in accordance with the Rome Statute the International Criminal Court is complementary to national criminal jurisdictions, that States need to adopt appropriate measures within their national legal systems for those crimes for which they are required under international law to exercise their responsibility to investigate and prosecute;

6. *Encourages* further efforts by the United Nations, other international and regional organizations and States, as well as civil society, to appropriately assist States, upon their request, in strengthening their domestic capacity to investigate and prosecute crimes, and in this regard underlines the importance of national ownership;

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[2] A/58/874 and A/58/874/Add.1.

[3] Articles 10 and 13 of the Relationship Agreement.

[4] A/73/334.

[5] United Nations, *Treaty Series*, vol. 2271, No. 40446.

7. *Emphasizes* the importance of international cooperation and judicial assistance in conducting effective investigations and prosecutions;

8. *Acknowledges* the role of the International Criminal Court in a multilateral system that aims to end impunity, promote the rule of law, promote and encourage respect for human rights, achieve sustainable peace and further the development of nations, in accordance with international law and the purposes and principles of the Charter of the United Nations;

9. *Calls upon* States parties to the Rome Statute that have not yet done so to adopt national legislation to implement obligations emanating from the Rome Statute and to cooperate with the International Criminal Court in the exercise of its functions, and recalls the provision of technical assistance by States parties in this respect;

10. *Welcomes* the cooperation and assistance provided thus far to the International Criminal Court by States parties as well as States not parties, the United Nations and other international and regional organizations, and calls upon those States that are under an obligation to cooperate to provide such cooperation and assistance in the future, in particular with regard to arrest and surrender, the provision of evidence, the protection and relocation of victims and witnesses and the enforcement of sentences;

11. *Notes* the efforts of the Secretary-General in promoting cooperation between the United Nations and the International Criminal Court in accordance with the Relationship Agreement between the United Nations and the International Criminal Court,[2] and also notes in this regard that the Office of Legal Affairs of the Secretariat has a specific role within the United Nations;

12. *Recalls* article 3 of the Relationship Agreement, according to which, with a view to facilitating the effective discharge of their respective responsibilities, the United Nations and the International Criminal Court shall cooperate closely, whenever appropriate, with each other and consult each other on matters of mutual interest pursuant to the provisions of the Relationship Agreement and in conformity with the respective provisions of the Charter and the Rome Statute, and shall respect each other's status and mandate,[6] and requests the Secretary-General to continue to include information relevant to the implementation of article 3 of the Relationship Agreement in a report to be submitted to the General Assembly at its seventy-fourth session;

13. *Recalls* the guidance issued by the Secretary-General on contacts with persons who are the subject of arrest warrants or summonses issued by the International Criminal Court,[7] and in this regard takes note of the information included in the report of the Secretary-General on the implementation of article 3 of the Relationship Agreement;[8]

14. *Recalls* the Relationship Agreement, and notes that expenses related to investigations or prosecutions incurred by the International Criminal Court in connection with situations referred by the Security Council or otherwise continue to be borne exclusively by States parties to the Rome Statute;

15. *Emphasizes* the importance of cooperation with States that are not parties to the Rome Statute;

16. *Invites* regional organizations to consider concluding cooperation agreements with the International Criminal Court;

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[6] Article 2, paragraph 3, of the Relationship Agreement.

[7] A/67/828 S/2013/210, annex.

[8] A/73/335.

17. *Recalls* that, by virtue of article 12, paragraph 3, of the Rome Statute, if the acceptance of a State which is not a party to the Rome Statute is required under article 12, paragraph 2, of the Rome Statute, that State may, by declaration lodged with the Registrar of the International Criminal Court, accept the exercise of jurisdiction by the Court with respect to the crime in question;

18. *Urges* all States parties to take the interests, needs for assistance and mandate of the International Criminal Court into account when relevant matters are being discussed in the United Nations, and invites all other States to consider doing the same, as appropriate;

19. *Emphasizes* the importance of the full implementation of all aspects of the Relationship Agreement, which forms a framework for close cooperation between the two organizations and for consultation on matters of mutual interest pursuant to the provisions of that Agreement and in conformity with the respective provisions of the Charter and the Rome Statute, as well as the need for the Secretary-General to continue to inform the General Assembly at its seventy-fourth session of the expenses incurred and reimbursements received by the United Nations in connection with assistance provided to the International Criminal Court;

20. *Encourages* further dialogue between the United Nations and the International Criminal Court, and welcomes in this regard the increased interaction of the Security Council with the Court under various formats, including the holding of open debates on peace and justice and working methods, with a special focus on the role of the Court;

21. *Continues* to welcome the statement by the President of the Security Council of 12 February 2013[9] in which the Council reiterated its previous call regarding the importance of State cooperation with the International Criminal Court, in accordance with the respective obligations of States, and expressed its commitment to effective follow-up of Council decisions in this regard;

22. *Expresses its appreciation* for the work undertaken by the International Criminal Court liaison office to United Nations Headquarters, and encourages the Secretary-General to continue to work closely with that office;

23. *Encourages* States to contribute to the trust fund established for the benefit of victims of crimes within the jurisdiction of the International Criminal Court and the families of such victims, and acknowledges with appreciation contributions made to that trust fund thus far;

24. *Recalls* that, at the Review Conference of the Rome Statute, which was convened and opened by the Secretary-General, States parties reaffirmed their commitment to the Rome Statute and its full implementation, as well as its universality and integrity, and that the Review Conference undertook a stocktaking exercise of international criminal justice, considering the impact of the Rome Statute on victims and affected communities, peace and justice, complementarity and cooperation, called for the strengthening of the enforcement of sentences, adopted amendments to the Rome Statute to expand the jurisdiction of the Court to cover three additional war crimes when committed in armed conflicts not of an international character, and adopted amendments to the Rome Statute to define the crime of aggression and to establish conditions under which the Court could exercise jurisdiction with respect to that crime;

[9] S/PRST/2013/2; see *Resolutions and Decisions of the Security Council, 1 August 2012–31 July 2013* (S/INF/68).

25. *Acknowledges* the report of the Secretary-General on the work of the Organization;

26. *Takes note* of the decision of the Assembly of States Parties to the Rome Statute of the International Criminal Court at its fifteenth session, while recalling that, according to article 112, paragraph 6, of the Rome Statute, the Assembly of States Parties shall meet at the seat of the Court or at United Nations Headquarters, to hold its seventeenth session in The Hague, looks forward to the seventeenth session, which is to be held from 5 to 12 December 2018, and requests the Secretary-General to provide the necessary services and facilities in accordance with the Relationship Agreement and resolution 58/318;

27. *Encourages* the widest possible participation of States in the Assembly of States Parties, invites States to contribute to the trust fund for the participation of least developed countries, and acknowledges with appreciation contributions made to that trust fund thus far;

28. *Invites* the International Criminal Court to submit, if it deems it appropriate, in accordance with article 6 of the Relationship Agreement, a report on its activities for 2019/20, for consideration by the General Assembly at its seventy-fourth session.

28th plenary meeting
29 October 2018

United Nations A/RES/73/8

General Assembly

Distr.: General
5 November 2018

Seventy-third session
Agenda item 43

Resolution adopted by the General Assembly on 1 November 2018

[*without reference to a Main Committee (A/73/L.3)*]

73/8. Necessity of ending the economic, commercial and financial embargo imposed by the United States of America against Cuba

The General Assembly,

Determined to encourage strict compliance with the purposes and principles enshrined in the Charter of the United Nations,

Reaffirming, among other principles, the sovereign equality of States, non-intervention and non-interference in their internal affairs and freedom of international trade and navigation, which are also enshrined in many international legal instruments,

Recalling the statements of the Heads of State or Government of Latin America and the Caribbean at the Summits of the Community of Latin American and Caribbean States regarding the need to put an end to the economic, commercial and financial embargo imposed against Cuba,

Concerned about the continued promulgation and application by Member States of laws and regulations, such as that promulgated on 12 March 1996 known as "the Helms-Burton Act", the extraterritorial effects of which affect the sovereignty of other States, the legitimate interests of entities or persons under their jurisdiction and the freedom of trade and navigation,

Taking note of declarations and resolutions of different intergovernmental forums, bodies and Governments that express the rejection by the international community and public opinion of the promulgation and application of measures of the kind referred to above,

Recalling its resolutions 47/19 of 24 November 1992, 48/16 of 3 November 1993, 49/9 of 26 October 1994, 50/10 of 2 November 1995, 51/17 of 12 November 1996, 52/10 of 5 November 1997, 53/4 of 14 October 1998, 54/21 of 9 November 1999, 55/20 of 9 November 2000, 56/9 of 27 November 2001, 57/11 of 12 November

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2002, 58/7 of 4 November 2003, 59/11 of 28 October 2004, 60/12 of 8 November 2005, 61/11 of 8 November 2006, 62/3 of 30 October 2007, 63/7 of 29 October 2008, 64/6 of 28 October 2009, 65/6 of 26 October 2010, 66/6 of 25 October 2011, 67/4 of 13 November 2012, 68/8 of 29 October 2013, 69/5 of 28 October 2014, 70/5 of 27 October 2015, 71/5 of 26 October 2016 and 72/4 of 1 November 2017,

Recalling also the measures adopted by the Executive of the United States of America in 2015 and 2016 to modify several aspects of the application of the embargo, which contrast with the measures announced on 16 June 2017 to reinforce its implementation,

Concerned that, since the adoption of its resolutions 47/19, 48/16, 49/9, 50/10, 51/17, 52/10, 53/4, 54/21, 55/20, 56/9, 57/11, 58/7, 59/11, 60/12, 61/11, 62/3, 63/7, 64/6, 65/6, 66/6, 67/4, 68/8, 69/5, 70/5, 71/5 and 72/4, the economic, commercial and financial embargo against Cuba is still in place, and concerned also about the adverse effects of such measures on the Cuban people and on Cuban nationals living in other countries,

1. *Takes note* of the report of the Secretary-General on the implementation of resolution 72/4;[1]

2. *Reiterates its call upon* all States to refrain from promulgating and applying laws and measures of the kind referred to in the preamble to the present resolution, in conformity with their obligations under the Charter of the United Nations and international law, which, inter alia, reaffirm the freedom of trade and navigation;

3. *Once again urges* States that have and continue to apply such laws and measures to take the steps necessary to repeal or invalidate them as soon as possible in accordance with their legal regime;

4. *Requests* the Secretary-General, in consultation with the appropriate organs and agencies of the United Nations system, to prepare a report on the implementation of the present resolution in the light of the purposes and principles of the Charter and international law and to submit it to the General Assembly at its seventy-fourth session;

5. *Decides* to include in the provisional agenda of its seventy-fourth session the item entitled "Necessity of ending the economic, commercial and financial embargo imposed by the United States of America against Cuba".

30th plenary meeting
1 November 2018

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[1] A/73/85.